

**THERAPEUTIC CHILD AND YOUTH CARE  
APPLICATION PACKET  
April 8, 2004**

## Instructions

**Introduction:** This application Kit has been developed by DHS to assist agencies that wish to apply for certification to provide Therapeutic Child And Youth Care (TCYC). The Application Kit does not replace the Certification Standards or Application Guide. Agencies are encouraged to use the Application Kit to keep in organizing and preparing their applications for certification.

The Application Packet is comprised of five sections and an appendix. **Section One** is introductory and includes the cover sheet, transmittal letter, and brief organizational overview. **Section Two** provides a framework of agency philosophy that will underlie the program. In this section, the applicant is asked to

- describe its understanding of the goals of TCYC and why it wishes to be a TCYC provider;
- describe its approach to family-centered care and
- describe its philosophy of inclusion.

**Section Three** is a series of narratives in which the applicant is asked to share its understanding of how TCYC will work within the applicant agency. These narratives should show evidence of a careful review of the TCYC Operating Standards but should also show how TCYC will be integrated into the unique context of the child or youth caring agency. Please respect the page limits shown in the instruction box for each narrative.

**Section Four** is Readiness and asks the applicant to lay out the tasks and timeline for accepting TCYC clients. **Section Five** is a set of Memoranda of Agreement. These Memoranda are designed to capture key agreements with DHS about how the program will operate within the applicant agency. Read each of them carefully. Some require the applicant agency to fill in information before signing. The Memoranda cover the following topics:

- Appropriate referrals;
- Continuity of Care;
- Ethical Conduct;
- Coordination with the CEDARR Family Centers;
- Client Rights;
- Hours of Service;
- Service Monitoring and Reporting;
- Medicaid Eligibility; and
- Management Standards.

**Section Six** lists the required attachments to the application.

The last section is the Appendix. The materials listed in the Appendix **are not required as part of the initial application process.** These materials may be included with the application and, if they are, an applicant may receive full certification immediately following review by DHS. However, these materials may also be given to DHS representatives at the first site visit

following Conditional Certification. In other words, an applicant may get its review process underway and then work on the required materials. Or, an applicant may choose to submit all materials at the same time.

Please submit five (5) copies of the completed application to:

Sharon M. Kernan, RN, MPH  
Assistant Administrator  
Center for Child and Family Health  
Department of Human Services  
600 New London Avenue  
Cranston, RI 02920  
Telephone: (401) 462-3392

**Section One**

**COVER SHEET FOR THERAPEUTIC CHILD AND YOUTH CARE (TCYC)  
CERTIFICATION APPLICATION**

**Name of agency** \_\_\_\_\_

**Individual authorized to conduct business on behalf of agency:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Application Contact Person:** \_\_\_\_\_

**Street address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Federal Employee Identification Number:** \_\_\_\_\_

**Medicaid Provider Number (if applicable):** \_\_\_\_\_

**Section one: LETTER OF TRANSMITTAL**

*Review the content of this Letter of Transmittal. Fill in the organization's name and have it signed by an officer or authorized agent of your agency.*

To: The RI Department of Human Services

From:

In submitting this application to become a certified provider of Therapeutic Child and Youth Care Services, \_\_\_\_\_, the applicant agency, agrees to comply with all of the program requirements and Certification Standards as issued by the Department of Human Services. We, the applicant agency, recognize that there may be periodic amendments to the requirements and standards and agree that we will also comply with these amendments.

In addition, \_\_\_\_\_, the applicant agency, understands that we must have in place policies and procedures for the TCYC program as well as other specific materials to support the program. We have reviewed the minimum contents of the policy manual and the list of required materials and agree to create both the policy manual and program materials prior to accepting referrals. While these materials are not required for submission with the application, once provisional certification is received, these products will be made available for DHS review.

\_\_\_\_\_  
Signature of officer or authorized agent

\_\_\_\_\_  
Date

## Section One: Overview of Applicant

**Background on Applicant:** Describe your organization. Include:

- a. a brief description of services that are currently provided
- b. a list of licenses, current certifications, and accreditations
- c. an overview of the corporate structure, whether for profit or non-profit. If non-profit include a list of the Board of Directors and their affiliations.

**Page limit: 1**

## **Section Two: Goals of TCYC**

Description that conveys your agency's understanding of the goals of the TCYC program and helps DHS understand why you wish to be a TCYC provider.

**Page limit: 1**

## **Section Two: Family Centered Care**

**Provide a list of principles of family centered care** that fits your organization. *General Principles of Family Centered Care are found in the TCYC standards. Explain how your organization incorporates family centered principles into practice. Specifically address how you will communicate with families on an ongoing basis*

**N.B:** Certified HBTS providers are exempt from this section.

**Page limit: 2**

## **Section Two: Philosophy of Inclusion**

**Statement of philosophy and approach:** Describe in a narrative your agency's approach to successful inclusion and participation of children with special health care needs with peers who are typically developing in the child or youth care setting. Your description should include methods to insure that these children and youth are not isolated from their peers and are interacting and participating with them in a socially meaningful manner. This section may include professionally recognized guidelines along with identification of how adherence to such guidelines is or will be monitored.

**Page limit: 2**

### Section Three: TCYC Practice

**Client Rights and Family Service:** Explain how you will encourage families to voice concerns and provide input. Describe the process by which families will be informed of:

- Rights and responsibilities
- Expectations for participation in Therapeutic Integration Plan (TIP) development and implementation

**Page limit: 1**

### **Section Three: TCYC Practice**

**Screening and Intake for TCYC:** Provide a description of screening and intake that summarizes the steps to be followed and how these steps will be carried out in your agency.

**Page limit: 2**

### **Section Three: TCYC Practice**

**Assessment for TCYC:** Provide a description of the assessment to be used to inform the development of the Therapeutic Integration Plan.

**Page limit: 2**

### Section Three: TCYC Practice

**Therapeutic Integration Plan ( TIP) Development:** Provide a description of the steps to be followed and how these steps will be carried out in your agency for the development of the TIP.

**Page limit: 2**

### Section Three: TCYC Practice

**Narrative Description of Scope of Practice:** Describe how TCYC staff will be integrated with your other staff. Who will supervise, discipline, and evaluate TCYC staff and how will it be done?

**Page limit: 2**

*Insert the following immediately behind this page:*

**\*Job descriptions** for TCYC Clinical Supervisor, Therapeutic Integration Specialist, and TCYC Nurse addressing the following:

- Reporting relationships, if not explained above
- Functional tasks
- Required skills, training and experience
- Licensure or certification qualifications, if applicable
- Initial training and continuing education expectations

**\* TCYC Organization Chart annotated to include:**

- Specific individuals who will fill identified positions and credentials
- Should include all staff who interact with TCYC families

## Section Three: TCYC Practice

### **Agency Orientation and Training**

Describe all planned orientation and training for TCYC staff and other staff who will interact with TCYC staff, including intention to involve TCYC staff in training that may be offered by statewide associations. **Reference page 47 of the Standards for required topics.**

**Page limit: 1**

## Section Four: Readiness

**Readiness:** Projected timeline for accepting referrals. Provide a list of activities the applicant has not yet implemented, e.g. (1) of the materials required in the appendices to this packet, which still need to be developed; (2) of the potential TCYC staff, who need to be hired. Provide a time line for implementation of all activities listed.

**Page limit: 2**

<b>Item</b>	<b>Expected completion Date</b>

**Section Five: MEMORANDUM OF AGREEMENT I**

**Appropriate referrals:** *You may place limits and/or state preferences on the presenting problems of the children who will be referred to you. You may also state limits on age, geographic location of child's residence, etc. Review the content of this Memorandum of Agreement. Fill in the organization's name, and preferences and/or limitations, if any, and have it signed by an officer or authorized agent of your agency.*

To: RI Department of Human Services

From:

In submitting this application to become a certified provider of Therapeutic Child and Youth Care Services, \_\_\_\_\_, the applicant agency, wishes to state the following preferences and/or place the following limits on the presenting problems of children who may be referred to our agency.

Within the previous parameters, if any, \_\_\_\_\_, the applicant organization, agrees to accept all appropriate referrals from the CEDARR Family Centers. Initial services to facilitate orientation, assessment, and acceptance into the program will be provided in compliance with the standards defined by DHS.

We agree to document fully and forward to the CEDARR Family Center and the Department of Human Services any referral that is not accepted. We recognize that our rate of acceptance and rejection of referrals will be monitored and that a consistent pattern of rejection of referrals may lead to de-certification.

\_\_\_\_\_  
Signature of officer or authorized agent

\_\_\_\_\_  
Date

**Section Five: MEMORANDUM OF AGREEMENT II**

**Continuity of Care:** *Review the content of this Memorandum of Agreement. Fill in the organization's name and have it signed by an officer or authorized agent of your agency.*

To: RI Department of Human Services

From:

In submitting this application to become a certified provider of Therapeutic Child and Youth Care Services, \_\_\_\_\_, the applicant agency, is willing to ensure that continuity of care to an individual child is a high priority and that we are willing to take the following specific steps to ensure that the continuity of care to an individual child is protected at all times.

\_\_\_\_\_, the applicant agency, will:

1. Provide a context in which the relationship between the Therapeutic Integration Specialist and the individual child is consistent over time, avoiding any unnecessary switching of personnel.
2. In those cases in which a substitute must be assigned due to illness, annual leave, or termination of employment, we commit that a substitute will be assigned to support the child.
3. We also agree that the substitute or replacement will receive at least 30 minutes of child specific orientation provided by the Clinical Supervisor prior to assuming the role of substitute, except in an emergency situation.

We agree to document fully and note in the case record all instances in which such substitutions or replacement have occurred.

\_\_\_\_\_  
Signature of officer or authorized agent

\_\_\_\_\_  
Date

**Section Five: MEMORANDUM OF AGREEMENT III**

**Ethical Conduct:** *Review the content of this Memorandum of Agreement. Fill in the organization's name and have it signed by an officer or authorized agent of your agency.*

To:           The Department of Human Services

From:

In submitting this application to become a certified provider of Therapeutic Child and Youth Care Services, \_\_\_\_\_, the applicant agency, will:

Publicly post a clear statement that captures the Principles of Ethical Care and Professional Conduct in a location that is accessible to both staff and parents. Said statement will include, but not be limited to, the following:

- Written description of TCYC Service provided
- Grievance procedures
- Discipline policies

\_\_\_\_\_  
Signature of officer or authorized agent

\_\_\_\_\_  
Date

## Section Five: MEMORANDUM OF AGREEMENT IV

**Coordination with CEDARR Family Centers:** *Review the content of this Memorandum of Agreement. Fill in the organization's name and have it signed by an officer or authorized agent of your agency.*

To: The Department of Human Services

From:

In submitting this application to become a certified provider of Therapeutic Child and Youth Care Services, \_\_\_\_\_, the applicant agency, recognizes that we must have a constructive relationship with each of the CEDARR Family Centers. We have contacted each of the CEDARR Family Centers and have developed letters of agreement with each that are attached to this application. We recognize that this relationship has the following components:

1. It is the responsibility of the CEDARR Family Center to assess the needs of the child and the family via its Family Care Plan process.
2. Prior to contacting our agency, the CEDARR Family Center will determine the interest of the family in receiving TCYC services.
3. The CEDARR Family Center may provide the family with contact information for more than one TCYC provider.
4. It is the responsibility of our agency to provide an orientation to the parent and child so that they may make an informed choice.
5. In all cases, the choice of our agency as a TCYC provider will be made by the family.
6. The CEDARR Family Center will convey the relevant results of its assessment and the relevant goals from the Family Care Plan to our Clinical Supervisor.
7. Our Clinical Supervisor will work with the family and will conduct an assessment of the needs of the child in order to support socialization and/or inclusion within our child or youth care setting.
8. Our plan for addressing these needs will be submitted to the CEDARR Family Center within four weeks of receiving the referral.
9. The CEDARR Family Center may provide feedback on our plan.
10. We must respond to their feedback within 9 days of receiving it.
11. We will work with the CEDARR Family Center on reauthorization of the plan at appropriate intervals.

---

Signature of officer or authorized agent

---

Date

**Section Five: MEMORANDUM OF AGREEMENT V**

**Client Rights:** *Review the content of this Memorandum of Agreement. Fill in the organization's name and have it signed by an officer or authorized agent of your agency.*

To:           The Department of Human Services

From:

In submitting this application to become a certified provider of Therapeutic Child and Youth Care Services, \_\_\_\_\_, the applicant agency, certifies all of the materials concerning the DHS Fair Hearing Process have been reviewed and that these materials are fully understood by agency personnel involved in the TCYC program. In addition, the applicant agency agrees to create specific materials that inform parents of these rights and to capture in policy, procedures, and documentation all of the appropriate steps in this process.

\_\_\_\_\_  
Signature of officer or authorized agent

\_\_\_\_\_  
Date

**Section Five: MEMORANDUM OF AGREEMENT VI**

**Hours of Service:** *Review the content of this Memorandum of Agreement. Fill in the organization's name and specify hours of service, days per week open, and any routine closings. Have it signed by an officer or authorized agent of your agency.*

To: The Department of Human Services

From:

In submitting this application to become a certified provider of Therapeutic Child and Youth Care Services, \_\_\_\_\_, the applicant agency, certifies that the following represents the days and actual hours of service that TCYC will be available.

\_\_\_\_\_  
Signature of officer or authorized agent

\_\_\_\_\_  
Date

**Section Five: MEMORANDUM OF AGREEMENT VII**

**Service Monitoring and Reporting:** List of requirements is found on page 50-51 of the Standards, Section 7 and in Appendix 12. *Review this memorandum of agreement and have it signed by an officer or authorized agent of your agency.*

To:           The Department of Human Services

From:

In submitting this application to become a certified provider of Therapeutic Child and Youth Care Services, \_\_\_\_\_, the applicant agency, certifies that we have reviewed the list of service monitoring and reporting requirements found on pages 50-51 of the Standards, Section 7 and in Appendix 12. We agree to comply with these requirements and understand that these requirements may be revised periodically.

\_\_\_\_\_  
Signature of officer or authorized agent

\_\_\_\_\_  
Date

**Section Five: MEMORANDUM OF AGREEMENT VIII**

**Provider Responsibility for Determining Medicaid Eligibility:** *Review this memorandum of agreement and have it signed by an officer or authorized agent of your agency.*

To:           The Department of Human Services

From:

In submitting this application to become a certified provider of Therapeutic Child and Youth Care Services, \_\_\_\_\_, the applicant agency, certifies that we are aware a recipient’s eligibility to receive Medicaid may change at any time. It is the responsibility of the provider to verify Medicaid eligibility. This can be accomplished by contacting the Recipient Eligibility Verification System (REVS) at 784-8100. We realize that loss of Medicaid coverage will result in non-payment of claims.

\_\_\_\_\_  
Signature of officer or authorized agent

\_\_\_\_\_  
Date

**Section Five: MEMORANDUM OF AGREEMENT IX**

**Management Standards:** List of requirements is found in Section 7 of the Standards. *Review this memorandum of agreement and have it signed by an officer or authorized agent of your agency.*

To: The Department of Human Services

From:

In submitting this application to become a certified provider of Therapeutic Child and Youth Care Services, \_\_\_\_\_, the applicant agency, certifies that we have reviewed the list of management standards found in Section 7.0 – 7.7. We agree to comply with these requirements and understand that these requirements may be revised periodically.

\_\_\_\_\_  
Signature of officer or authorized agent

\_\_\_\_\_  
Date

## **Section Six: REQUIRED APPLICATION ATTACHMENTS**

### **Licensure Documentation**

Copies of DCYF licensure

Copies of licensure of health care professional or certified special educator with master's degree

Copies of agency accreditation provided by national accrediting bodies

### **Organization Mission Statement**

Organizational Chart for Entire Organization showing TCYC within the organization

Letters of agreement with CEDARR Family Centers

Most recent audited financial statement for the corporate entity

The appendices capture the materials that must be available to DHS at the site visit following notice of Conditional Certification. Any that are currently complete may also be submitted with the application.

## **APPENDICES**

- A. Required materials to be provided to parents**
- B. Minimum content for TCYC policy and procedures**

## **Appendix A. Draft Materials Necessary Prior To First Intake**

### **Draft materials to inform parents**

- Right of parents to terminate TCYC at any time during the authorized course of treatment;
- Circumstances under which the provider agency would discontinue services;
- Hours of operation;
- Provider's responsibility and commitment to maintain continuity of care for their child.

### **Draft Parent Satisfaction Survey that assesses the following:**

- Sensitivity to family centeredness and cultural competencies
- Availability of Clinical Supervisor
- Progress made during plan implementation
- Communication with family
- Staff availability, promptness and actual delivery of authorized hours
- Professionalism of staff and services

N.B. Satisfaction survey should include both qualitative and quantitative feedback from parents.

## **Appendix B: TCYC Policy and Procedures**

In order to receive Certification with No Conditions, applicants must have policies and procedures for the TCYC program within their agency. This Appendix is divided into two sections: A. is a list of required policies and procedures. Section B consists of standards that should be integrated into the agency's policies and procedures.

Most organizations already have a policy structure that governs programs. Applicants are encouraged to adapt existing policies for TCYC using them without change where that is appropriate.

The Policy and Procedures may be submitted with the application. If not, they must be available at the first site visit following notice of Certification with Conditions.

### **Section A. Required Policies and Procedures**

#### **Relationship with the CEDARR Family Centers**

1. Accepting referrals and information from the CFC about the child and family
2. Providing assessment and TIP proposals to the CFC for its review within certification standards timelines
3. Providing information to the CFC regarding progress or lack of progress in meeting goals
4. Informing the CFC in writing of changes in the child's needs or the ability of the TCYC provider-agency to meet direct service hours, goals and objectives identified in the CFC Family Care Plan and the TIP.

#### **TCYC screening and intake:**

1. Managing referrals
2. Screening and intake
3. Eligibility admission and criteria
4. Management of direct services
5. Management of waiting lists and communication with families
6. Assisting families not appropriate for TCYC by providing specific information as to why the TCYC agency feels that the services provided by their agency are not appropriate for the child.

## **Components of the assessment process, including**

1. Review of information gathered by CEDARR
2. Determination that child is not able to participate without support
3. Systematic analysis of the ways the child's special needs preclude participation without support
4. Required knowledge of clinical professional conducting the Assessment
5. Area of content the assessment must address (refer to appendix 6)
6. How the child does (or does not) meet appropriateness criteria
7. Specific obstacles that may be encountered,
8. History of unsuccessful experiences with child care, if any;
9. Areas of specific support/intervention for successful participation and strengths that can be built upon.
10. Requirement of written parental consent for all requested documentation and/or diagnostic results

## **Therapeutic Integration Plan**

1. Process for developing the TIP based on the Family Care Plan
2. Content of the TIP (refer to Appendix 7)
  - Relationship to assessment
  - Nature of goals, objectives and interventions or strategies
  - Communication with parents
  - Intervention hours and justification for hours
  - Duration of the plan
  - Methods for measuring progress
  - Details of coordination
  - Frequency and method of communication with the CFC
3. Plan for Clinical Supervision
4. Renewal and modification processes

## **Scope of practice with attention to TCYC interaction with other staff**

1. Scope of practice and supervision
2. Ways in which supervision is carried out, and ratio of supervision time to TIS intervention time
3. Emergency coverage
4. Hours of operation
5. Staff evaluation protocols
6. TIP design, implementation, monitoring, evaluation and modification
7. Coordination and communication with the family
8. Coordination and communication with CFC and other service providers as appropriate.
9. Definition of team meetings, team participants, and periodic assessment and TIP revisions as appropriate

10. Methods of administrative supervision provided by the Director/Head Teacher

## **Orientation and Training of TCYC Staff**

1. Definition of minimum required training by position
  - a. General orientation to provider agency
  - b. Child and youth specific orientation for each newly admitted participant
  - c. Access to continuing education
2. Requirements to participate in training
3. Records of training participation

## **Complaint Resolution**

1. Solicitation of family input
2. Documentation and response to complaints
3. The client's right to access the DHS Fair Hearing Process and the process by which clients are informed of these rights
4. Prompt complaint resolution whether from parents, CEDARR Family Centers, DHS, own staff
5. Process to be followed in the event of provider termination of services, including
  - Written notification of termination to be sent to the child's family, DHS, and CFC prior to discontinuing TCYC
  - Reasons for discontinuing must be stated
  - Alternative resources and/or referrals must be recommended and forwarded to the CFC
  - Transition notice and transition plan must be submitted to child's family, DHS and CFC

## **Record Keeping Requirements**

1. Necessity of clinical record for each child
2. Record of daily units of service and performing provider
3. Correspondence of these records to billing
4. Correspondence of billing and authorized services in the TIP
5. Long term storage of clinical records in accordance with Medicaid regulations

## **Continuity of Care**

1. How continuity of care will be maintained
  - a. Coverage for absenteeism, vacation
  - b. Follow through of Clinical Supervisor in plan development and TIS supervision

## Emergency Coverage

1. Process for dealing with crisis or emergency situations
2. Process for coordinating its emergency plan with CFC

## Section B. Standards

The following standards should be integrated into the policies and procedures listed above.

### Timeliness Standards\*

1. At least 90% of families must be offered a specific intake appointment within two weeks of referral from CFC. Must be documented in the record.
2. If family chooses provider, assessment and planning must be completed within four weeks of initial appointment for 90% of families
3. Provider agency must be able to start the plan within four weeks of approval from CFC for 90% of families
4. Provider agency must submit to CFC for reauthorization of TIP at least 30 days prior to expiration for 100% of families
5. Provider agency must respond to feedback from CFC within 9 calendar days for 100% of requests.

\* The timeliness standards represent maximum limits, not expected timeframes. The goal is to move the intake forward in as timely a manner as possible.

### Family Centered Care: at a minimum, the following should be integrated into the policies and procedures for TCYC

1. Communication policy with families
  - a. Written daily progress reports
  - b. Regularly scheduled meetings
  - c. Formal notices of approaching deadlines
  - d. List of written materials that parents will be given and point in time when these materials will be distributed
2. Family involvement in care planning
3. Organizational commitment to achieving family-centered service outcomes

## **Appendix C. Required forms for documentation**

The applicant agency must create a set of forms that will record the activities of the TCYC Program. As with TCYC policies and procedures, applicants are encouraged to use or adapt their own existing forms. These forms may be submitted with the application. If they are not submitted, they must be available at the first site following notice of Certification with Conditions.

### **List of minimum required documentation**

Intake log for new referrals

Timeliness log for Intake process

Timeliness log for TIP submission

Timeliness log for service initiation

Client case record (blank but inclusive of all standardized documents)

Parent consent forms

Daily log of activities for each child

Progress report format for reporting to parent and CFC

Record of meetings with parents

Communication log with parents

Incident reporting forms and log

Log of all substitutions and replacements for Therapeutic Integration Specialists

TIS Time sheets that indicate time spent with each child

Supervision records

Documents concerning complaints and resolution of complaints

Employee training attendance

CFC Communication log